

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKCharles Cameron Cohen

(In the space above enter the full name(s) of the plaintiff(s).)

16CV5505

## COMPLAINT

-against-

U.S. Department of Justice / ATF  
Bureau of Alcohol, Tobacco, Firearms and  
explosivesJury Trial: ☐ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED  
SDNY PRO SE OFFICE  
2016 JUL -8 PM 1:30  
S.D. OF N.Y.

## I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Charles C CohenStreet Address 390 9th AveCounty, City New YorkState & Zip Code New York 10001Telephone Number Email address / Charles.Cohen45@gmail.com

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name U.S. Department of Justice / ATF - Bureau of Alcohol, Tobacco, ~~Firearms~~ and explosives  
Street Address \_\_\_\_\_

County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 2 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? I applied for a Federal Firearms License it takes ninety days to receive its been going on five month now they are trying to deny me saying I have to get a store first, its license first then they give you a few years for a Store.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

## III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? \_\_\_\_\_

B. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

C. Facts: I Charles C Cohen applied for a Federal Firearms license in February 2016. It's been now five months later it only takes ninety days to receive one. Now they are trying to deny me months later.

What happened to you?

Who did what?

U.S. Department of Justice / ATF - Bureau of Alcohol, Tobacco, Fire Arms and explosives.

Was anyone else involved?

Catherine Henkelman - Legal Instruments Examiner  
Kim Roland - head of all Examiner  
Peggy Grennan - Industry Operations Investigator - New York VI Field Division  
John Curtis - Director of Industry Operations - New York Field Division

Who else saw what happened?

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. \_\_\_\_\_

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I want the license I applied for I should of got it two months ago. My investigator is trying to deny me my license by saying I have to have a storefront first before I receive my license that's a lie. They give you the license first then give you a few years to get a store. She's looking for a reason or find a way to deny me.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of July, 2016.

Signature of Plaintiff

Mailing Address

Charles C Cohen  
390 9th Ave  
New York, New York 10001

Telephone Number

Fax Number (if you have one)

Email address - Charles Cohen 45 at gmail.com

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**~~For Prisoners:~~**

I declare under penalty of perjury that on this 8 day of July, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Charles C Cohen